

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE

**460**

Page 1 of 14

For Official Use Only

Statement covers period  
from 01/01/2011  
through 02/28/2011

Date of election if applicable:  
(Month, Day, Year)

**1. Type of Recipient Committee:** All Committees - Complete Parts 1,2,3, and 4.

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
 (Also Complete Part 5.)  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Ballot Measure Committee  
 Primary Formed  
 Controlled  
 Sponsored  
 (Also Complete Part 6.)  
 Primary Formed Candidate/  
Officeholder Committee  
 (Also Complete Part 7.)

**2. Type of Statement:**

Pre-election Statement  
 Semi-annual Statement  
 Termination Statement  
 Amendment (Explain below)  
 Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Preelection  
Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1252049

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
CALIFORNIA LEADERSHIP PAC

STREET ADDRESS (NO P.O. BOX)

CITY LOS ANGELES	STATE CA	ZIP CODE 90010	AREA CODE/PHONE ((213) 489-4792)
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS  
() 489-4818

**Treasurer(s)**

NAME OF TREASURER  
DAVID L. GOULD

MAILING ADDRESS

CITY LOS ANGELES	STATE CA	ZIP CODE 90010	AREA CODE/PHONE (213) 489-4792
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NAME OF ASSISTANT TREASURER, IF ANY  
MICHELLE MOORE SANDERS

MAILING ADDRESS

CITY LOS ANGELES	STATE CA	ZIP CODE 90010	AREA CODE/PHONE 213/489-4792
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OPTIONAL: FAX/E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/03/2012 By DAVID L. GOULD  
DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

NA NA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
NA ZZ 99999

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D.NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D.NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT  
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  
 SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  
 SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  
 SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  
 SUPPORT  
 OPPOSE

Attach continuation sheets if necessary

## **Campaign Disclosure Statement Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

## SUMMARY PAGE

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER  
CALIFORNIA LEADERSHIP PAC

**Statement covers period**  
from 01/01/2011  
through 02/28/2011

**CALIFORNIA  
FORM 460**

I.D. NUMBER  
1252049

## Contributions Received

1. Monetary Contributions .....
2. Loans Received .....
3. **SUBTOTAL CASH CONTRIBUTIONS .....**
4. Nonmonetary Contributions .....
5. **TOTAL CONTRIBUTIONS RECEIVED .....**

	<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
Schedule A, Line 3	\$0.00	\$0.00
Schedule B, Line 7	\$0.00	\$0.00
Add Lines 1 + 2	\$0.00	\$0.00
Schedule C, Line 3	\$0.00	\$0.00
Add Lines 3 + 4	\$0.00	\$0.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....
7. Loans Made .....
8. **SUBTOTAL CASH PAYMENTS** .....
9. Accrued Expenses (Unpaid Bills) .....
10. Nonmonetary Adjustment .....
11. **TOTAL EXPENDITURES MADE** .....

Schedule E, Line 4	\$3,532.02	\$3,532.02
Schedule H, Line 7	\$0.00	\$0.00
Add Lines 6 + 7	\$3,532.02	\$3,532.02
Schedule F, Line 3	\$0.00	\$0.00
Schedule C, Line 3	\$0.00	\$0.00
Add Lines 8 + 9 + 10	\$3,532.02	\$3,532.02

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

## Current Cash Statement

12. Beginning Cash Balance .....	Previous
13. Cash Receipts .....	
14. Miscellaneous Increases to Cash .....	
15. Cash Payments .....	
<b>16. FINDING CASH BALANCE</b>	Add Lines 12 + 13

Summary Page, Line 16	\$3,532.02	To calculate Column B, add the amounts in Column A to the corresponding amounts from Column B of your tax report. Some amounts in Column A may be negative figures that should be subtracted from the amounts in Column B.
Column A, Line 3 above	\$0.00	
... Schedule I, Line 4	\$0.00	
Column A, Line 8 above	\$3,532.02	
When subtract Line 15	\$0.00	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2

## **Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse  
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A

**CALIFORNIA FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 CALIFORNIA LEADERSHIP PAC

Statement covers period from <u>01/01/2011</u>	through <u>02/28/2011</u>	Page <u>4</u> of <u>14</u>
I.D. Number <u>1252049</u>		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>			\$0.00	\$0.00	\$0.00	\$0.00

**Schedule A Summary**

1. Amount received this period - contributions of \$100 or more.  
 (Include all Schedule A subtotals.) ..... \$0.00
2. Amount received this period - unitemized contributions of less than \$100 ..... \$0.00
3. Total monetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** \$0.00

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

## Schedule B – Part 1 Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA LEADERSHIP PAC

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

**Statement covers period**

**CALIFORNIA  
FORM 460**

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I.D. NUMBER  
1252049

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<input type="checkbox"/> PAID _____								
<input type="checkbox"/> FORGIVEN _____								
_____ / _____ %								
RATE _____								
DATE DUE _____								
DATE INCURRED _____								
CALENDAR YEAR _____								
PER ELECTION** _____								
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<input type="checkbox"/> PAID _____								
<input type="checkbox"/> FORGIVEN _____								
_____ / _____ %								
RATE _____								
DATE DUE _____								
DATE INCURRED _____								
CALENDAR YEAR _____								
PER ELECTION** _____								
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<input type="checkbox"/> PAID _____								
<input type="checkbox"/> FORGIVEN _____								
_____ / _____ %								
RATE _____								
DATE DUE _____								
DATE INCURRED _____								
CALENDAR YEAR _____								
PER ELECTION** _____								
<b>SUBTOTALS</b>								

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

**Schedule B - Part 2**  
**Loan Guarantors**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE B - PART 2

**CALIFORNIA FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 CALIFORNIA LEADERSHIP PAC

Statement covers period from <u>01/01/2011</u>	through <u>02/28/2011</u>	Page <u>6</u> of <u>14</u>
		I.D. Number <u>1252049</u>

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	

**Schedule C**  
**Nonmonetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE C

**CALIFORNIA FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 CALIFORNIA LEADERSHIP PAC

Statement covers period  
 from 01/01/2011

through 02/28/2011

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I.D. Number  
 1252049

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

**Schedule C Summary**

1. Amount received this period - nonmonetary contributions of \$100 or more.  
 (Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
3. Total nonmonetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 CALIFORNIA LEADERSHIP PAC

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period from <u>01/01/2011</u>	CALIFORNIA FORM <b>460</b>
through <u>02/28/2011</u>	
Page <u>8</u> of <u>14</u>	I.D. NUMBER <u>1252049</u>

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .....
2. Unitemized contributions and independent expenditures made this period of under \$100 .....
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .....

# Schedule E Payments Made

SCHEDULE E

CALIFORNIA  
FORM **460**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA LEADERSHIP PAC

Statement covers period  
from 01/01/2011  
through 02/28/2011

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I.D. NUMBER  
1252049

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David L. Gould Company Los Angeles, CA 90071	PRO		Political Reporting Services	\$248.75
David L. Gould Company Los Angeles, CA 90071	OFC		Office Expenses	\$153.90
Armando Chavez Sacramento, CA 95823	CMP			\$1,015.28

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$3,532.02
2. Unitemized payments made this period of under \$100. .....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$3,532.02

**Schedule E  
(Continuation Sheet)**  
**Payments Made**

 Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA LEADERSHIP PAC
 Statement covers period  
 from 01/01/2011  
 through 02/28/2011
Page 10 of 14I.D. NUMBER  
1252049
**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David L. Gould Company Los Angeles, CA 90071	PRO		Political Reporting Services	\$652.50
David L. Gould Company Los Angeles, CA 90071	OFC		Office Expenses	\$196.73
California Leadership PAC Sacramento, CA 95814	CMP			\$1,264.86
Committee ID: 1252049				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$3,532.02

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period from <u>01/01/2011</u>	CALIFORNIA FORM <b>460</b>
through <u>02/28/2011</u>	Page <u>11</u> of <u>14</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA LEADERSHIP PAC**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS****Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS** \_\_\_\_\_
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS** \_\_\_\_\_
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** \_\_\_\_\_  
May be a negative number.



**Schedule H –  
Loans Made to Others\***

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA LEADERSHIP PAC

Statement covers period  
from 01/01/2011  
through 02/28/2011

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1252049

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	_____	_____ % RATE	_____	CALENDAR YEAR PER ELECTION** _____
		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	DATE DUE	_____	DATE INCURRED	_____
		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	DATE DUE	_____ % RATE	_____	CALENDAR YEAR PER ELECTION** _____
		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	DATE DUE	_____	DATE INCURRED	_____
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on  
Schedule I, Line 3)

**Schedule H Summary**

1. Loans made this period ..... \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

\*\* If Required

2. Payments received on loans ..... \_\_\_\_\_  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

## **Schedule I**

### **Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

**SCHEDULE I**

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA LEADERSHIP PAC

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$0.00**

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## Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$0.00
2. Unitemized increases to cash under \$100 this period.....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$0.00

**TOTAL** \$0.00